

Mississippi Trauma Advisory Committee

Ramada Inn Southwest Jackson, MS Minutes

March 6, 2003

MTAC Members Present:

Hugh Gamble, M.D.
Marshall Tucker
John Nelson, M.D.
John Brahan, M.D.
John Lucas, M.D.
Robert Galli, M.D.
Janice Conerly
John Cook, M.D.
William T. Avara, M.D.

MTAC Members Not Present:

Brennett Lyles, R.N., REMT-P
Rodney Frothingham, M.D.
Lucy Cumbest, R.N.
William Billups, III, M.D.
Jerry Green
David Cook, R.N.
Bob McDonald
Charles Piggott, M.D.
Christine Weiland, R.N.
Wells Wilson, M.D.

Others Present:

Jim Craig
Keith Parker
Jim Wadlington
Jonathan Chaney
Kelly Trinkner
Alisa Williams

I. Call to Order:

Meeting was called to order by Dr. Gamble at 1:00 p.m.

II. Adoption of Minutes:

Minutes from previous MTAC meeting were adopted by acclamation.

III. Director's Report:

Mr. Craig reported on the current status of appointments to the MTAC. He stated that OEPR is working with the Governor's office to get each of these vacancies on the EMS Advisory Council appointed.

Mr. Craig announced that OEPR has completed the State Trauma Plan for fiscal year 2003, a copy of this is provided for you. OEPR is in the process of updating

that plan for 2004. Approximately 200 CD-Rom's of the plan were mailed out to the Trauma Centers, Trauma Regions and interested parties. It is also available on the web site for medical agents.

Mr Craig announced the next round of consultative visits, including The Med in March and five Level IV hospitals that are remaining.

Mr. Craig reported that Southwest Mississippi Regional Medical Center in McComb decided to secede for the Trauma System.

Mr. Craig reported that OEPR will be holding a strategic plan forum, for all Level IV Trauma Centers in the State. It will be held March 28th at the Ramada Inn Southwest, Jackson. The agenda will look at the current Level IV regulations to see if they are applicable to operating a Level IV Trauma Center. The forum will discuss possible changes to our current regulations for a Level IV, and discuss financial issues relative to the expenses of a Level IV participating in the system. Hospital Administrators and Trauma Care Regional Directors have been invited to attend.

IV. Reports:

A. Delta Trauma Care Region:

Dr. Lucas reported that the Delta Region is working on transfer problems. Reimbursement for education on trauma related courses.

B. Southeast Trauma Care Region:

Dr. John Brahan reported no updates.

C. Coastal Trauma Care Region:

Dr. Avara announced the Coastal Trauma Care Region Trauma Symposium on May 2nd and 3rd.

D. Southwest Trauma Care Region:

No report given.

E. Central Trauma Care Region:

No report given.

F. East Central Trauma Care Region:

No report given.

G. North Trauma Care Region:

No report given.

V. Proposed Rule and Regulation changes for designation of Trauma Centers:

Dr. Lucas presented the proposed changes to the regulations. These changes explain the process for hospitals to receive a complete designation.

Hospitals that have a provisional designation will receive 50 percent of their allocated funds for uncompensated care. Consultative help both in-house and out-of-house will be available from the OEPR to meet these requirements.

Those Trauma Centers not having complete designation for the sole reason that they have not met the specialty physician requirements will receive a continuing provisional designation. They must submit to OEPR evidence of recruiting efforts. Such evidence must be determined appropriate by the MTAC. This provisional designation may continue for a period not to exceed three cycles, three years. These hospitals will have no reduction in allocated funds for uncompensated care.

Keith Parker reported that a focused audit will be conducted based on the facility's last consultative visit. It will be similar to the inspection process with more interaction with the facility.

VI. Proposed changes to ATLS requirements for physicians:

Dr Lucas presented the proposed changes to ATLS requirements. The requirements are waived for Board-Certified Emergency Medicine and Board-Certified General Surgery Physicians.

VII. Letter on status change for Gilmore Hospital:

Keith Parker reported that due to loss of Orthopedic coverage, Gilmore Hospital would rather have a consultative visit as a Level IV trauma center. They have already had the Level III visit. The Level IV review will allow them to write a plan of corrections for a Level IV designation, instead of a Level III. This will allow them to focus on what is required of a Level IV in their plan of corrections.

VIII. Designation of a re-opening hospital after closure:

Keith Parker requested an opinion of the MTAC on the status of Trauma Centers that close and reopen. It was the opinion of the MTAC that a facility that closes, must be reinspected as a Trauma Center.

IX. Confidential Session:

MTAC enters into confidential session.

X. Adjourn at 3:00 p.m.: